

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/028,395	02/24/98	600	3732	9598-32
<b>APPLICANT</b> DARWIN J. PROCKOP, PHILADELPHIA, PA; DAVID G STOKES, WILLOW GROVE, PA; S AUSIM AZIZI, PHILADELPHIA, PA.				
<b>**CONTINUING DOMESTIC DATA*****</b> THIS APPLN IS A CIP OF PCT/US96/04407 03/28/96 WHICH IS A CON OF 08/412,066 03/28/95 PAT 5,716,616 PROVISIONAL APPLICATION NO. 60/006,627 11/13/95 <u>RS</u> ↓				
<b>**371 (NAT'L STAGE) DATA*****</b> VERIFIED <u>RS</u> NO ↓				
<b>**FOREIGN APPLICATIONS*****</b> VERIFIED <u>RS</u> ✓ <del>Foreign priority claimed to PCT/US96/04407 3/28/96</del> ↓				
FOREIGN FILING LICENSE GRANTED 04/28/98 ***** SMALL ENTITY *****				
Foreign Priority claimed 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		STATE OR COUNTRY PA	SHEETS DRAWING 7	TOTAL CLAIMS 20
Verified and Acknowledged <u>RS</u> Examiner's Initials Initials		INDEPENDENT CLAIMS 2		
<b>ADDRESS</b> KATHRYN DOYLE LEARY PANITCH SCHWARZE JACOBS & NADEL ONE COMMERCE SQUARE 2005 MARKET SQUARE 22ND FLOOR PHILADELPHIA PA 19103-7086				
<b>TITLE</b> ISOLATED STROMAL CELLS FOR USE IN THE TREATMENT OF DISEASES OF THE CENTRAL NERVOUS SYSTEM				
FILING FEE RECEIVED  \$460	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	